



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
STATE PUBLIC HEALTH LABORATORY
BREATH ALCOHOL PROGRAM
CMI INTOXILYZER 5000 MAINTENANCE REPORT

REPORT #4

Complete this report at the time of the regular monthly preventive maintenance check (not to exceed 35 days). Complete this report whenever the instrument is serviced or repaired and whenever it is placed into service. Retain the original and send a copy within 15 days to the Breath Alcohol Program, DHSS.

| | | |
|----------------------------------|--|----------------------------------|
| INTOXILYZER 5000 SN 66-005020 | NAME OF AGENCY Kansas City Missouri Police Department | DATE OF INSPECTION 03/31/2013 |
|----------------------------------|--|----------------------------------|

| | |
|---|-------------------------------|
| LOCATION OF INSTRUMENT (STREET AND CITY) 1200 E Linwood Kansas City, Missouri 64109 (Center Patrol Division) | TIME OF INSPECTION 5:39 pm |
|---|-------------------------------|

CHECKLIST: Place a mark by each item if found to be satisfactory or is operating within established limits. (Write in observed values where determined.) Unmarked items must be corrected before using instrument.

☒ DVM TEST: (.350 ± .150) .393

☒ DIAGNOSTIC CHECK (PRINTOUT ATTACHED) DATE AND TIME (FROM PRINTOUT) 03/31/2013 1739 hours

☒ CHARACTER DISPLAY TEST

☒ PRINT TEST (PRINTOUT ATTACHED)

☒ SIMULATOR SOLUTION SUPPLIER Guth Laboratories LOT # 12040 EXP. DATE 03/07/2014

☒ SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.0 SIMULATOR SN SD2851 EXP. DATE 11/06/2013

☒ CALIBRATION CHECK – (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)

Run three tests using a standard solution. All three tests must be within ± 5% of the standard value and must have a spread of .005 or less. Mark the box corresponding to the standard solution being used. (PRINTOUT ATTACHED)

- ☒ 0.100% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE
☐ 0.080% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE
☐ 0.040% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE

| | | |
|--------------------|--------------------|--------------------|
| TEST 1 <u>.100</u> | TEST 2 <u>.101</u> | TEST 3 <u>.100</u> |
|--------------------|--------------------|--------------------|

☒ PERFORM RFI TEST (PRINTOUT ATTACHED)


INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:
(DO NOT INCLUDE SELF-ADMINISTERED TESTS)

| | | | | | |
|-------------|---------|-----------|-----------|-----------|------------|
| REFUSALS 11 | 0-.04 3 | .05-.09 3 | .10-.14 5 | .15-.19 6 | Over .19 7 |
|-------------|---------|-----------|-----------|-----------|------------|

LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFICATION THAT WAS MADE TO RESTORE THE INSTRUMENT TO OPERATE SATISFACTORILY AND WITHIN ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY).

Breath Instrument was tested and certified within the Department of Health Senior Services Guidelines.

INSPECTING OFFICER

| | |
|--|--|
| SIGNATURE  #5266 | PRINT FULL NAME P.O. Corey Carlisle #5266 |
| TYPE II PERMIT NUMBER/EXPIRATION DATE 210281 12/21/2013 | TELEPHONE NUMBER (816) 482-8220 |

RETURN COMPLETED REPORT TO THE: Breath Alcohol Program, Missouri Department of Health and Senior Services
Southeast District Office
2875 James Blvd.
Poplar Bluff, MO 63901

OFFICER'S SIGNATURE & SERIAL NO.
Form 123 P.D. (8-91)

State of Missouri
DEPARTMENT OF HEALTH



P E R M I T
TYPE II



COREY CARLISLE

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field repairs, and operate the following breath analyzer(s):

INTOXILYZER 5000

for the determination of the alcoholic content of blood from a sample of expired (alveolar) air, issued under the provisions of sections 577.020 through 577.041, RSMo 1988.

Date 12/21/2011

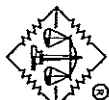
Number 210281

Expires 12/21/2013

MO 560-077 (6-89)

W. L. [Signature]
Director of State Public Health Laboratory
W. L. [Signature]
Director, Department of Health

Lab. 4 (17-88)



GUTH LABORATORIES, INC.
560 NORTH 6TH STREET • HARRISBURG, PA 17111-4011 • TELEPHONE: 717-644-4270

CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 12040 of

Alcohol Reference Solution for Simulator were analyzed by gas chromatography on March 9, 2012, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1211% (w/vol) ethyl alcohol. The expiration date for this lot number is March 7, 2014 at 11:59 PM.

When used in a calibrated Simulator, operating at 34°C +/- .2°C, this solution will give a breath alcohol analysis instrument reading of 0.100 g/210L +/- 3%.

The alcohol and water used in this solution were free of test interfering substances.

Ted L. Pauley
Ted L. Pauley, President
GUTH LABORATORIES, INC.

NIST Traceability:
Testing was conducted using Certified Reference Standard lot number PN12211-02 whose values are traceable to NIST.
All balances are calibrated annually by an outside agency using NIST traceable weights.
Calibration verification is done prior to each use utilizing NIST traceable weights.